

Hospital Comments on Surgeon Volume

General Comments from hospitals

Reporting Hospitals

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Brigham and Women's Hospital

Physician procedure volume is not necessarily by itself an indicator of quality. We recommend that this information be used with other sources of information and most importantly, in discussions with your own physician. It should be noted that some physicians practice at multiple sites, some of which may or may not be included in this website.

Lahey Clinic

We applaud the state's efforts to advance quality and safety in health care through the public dissemination of information about the quality, cost, and volume of services provided at hospitals. Procedure volumes are sometimes being used as a substitute for measures of quality. Using procedure volume to measure quality is based on the assumption that a physician who performs a procedure more often is likely to perform that procedure better than a physician who does so less often. While procedure volume can be a rough measure of quality, it cannot reflect anything about the complexity of the cases performed, the actual quality of the technique and expertise of the physician, or the patient's outcome.

Advanced academic medical centers like the Lahey Clinic typically attract patients whose conditions are more complex, requiring more sophisticated care and expertise than the same procedure performed on a patient with a less complex condition. On average, the clinical complexity of patients cared for at Lahey Clinic is among the highest in the state. Procedure volumes alone do not always appropriately reflect the clinical expertise of the physicians performing those procedures.

Physicians develop and refine their clinical expertise over years of training and experience. In any given year, the number of times a physician performs a procedure may be much less important than the number of times the physician has performed that procedure over the course of his or her career. Once a particular level of skill has been achieved, it is quite possible to preserve and even refine that level of skill while doing fewer cases in any given year.

In some cases, physicians perform procedures at more than one hospital. Any one physician may have done many more procedures in a year than are measured at any one hospital.

Any comparisons of hospitals and physicians based on procedure volumes should only be made very cautiously, keeping in mind the facts described here.

Massachusetts General Hospital

The Massachusetts General Hospital (MGH) and Massachusetts General Physicians Organization (MGPO) are pleased that the state has developed a website designed to help patients and their families learn more

about the quality of care in Massachusetts. In principle, we believe that accurate information about individual physicians' volume should be shared. In practice though, we know that accurate information is more difficult to obtain than one would think. We have provided readers with a few tips for interpreting the information and a few comments about the value of physician-specific statistics.

Much of the information here is derived from administrative data collected primarily to support hospital billing, not to measure quality. Surgeries do not always fit neatly into specific categories and more than one physician may be involved in the care of the patient. This can make it difficult to pinpoint the specific procedure and attribute it to a specific physician. For example, identifying something as apparently straightforward as coronary bypass surgery can be complicated, since surgery might involve the bypass of blood vessels, valve repair, and repair of an aortic aneurysm and several physicians may be involved in the delivery of these procedures. While administrative data cannot always differentiate between procedures and physicians accurately, with carefully designed clinical data systems, it is possible to be very accurate in identifying a specific procedure and attributing it to a specific physician. We endorse the use of clinical data bases whenever possible. These systems were designed to measure quality, they use information collected by doctors and nurses, and they rely on definitions and standards endorsed by professional societies. The state has access to two important clinical databases for cardiac surgery and interventional cardiology patients, respectively (<http://www.massdac.org/>). We applaud the state's choice to report physician volumes from these sources and hope that more accurate data sources for other procedures will be available in the future.

While we feel the reporting of case volume has value, the numbers don't tell the whole story. Quality has many dimensions and many aspects of physician-specific quality are difficult to measure accurately. We recommend that you speak with your physician directly to learn more about his or her level of experience and confidence in performing specific procedures.

Mount Auburn Hospital

Surgeon volume was to be reported only if there were 10 or > procedures performed. However there are some procedures that have surgeon volume listed for < 10 cases performed (ie: Hip & knee replacements, Prostatectomy, radical).

Physician specific volume for carotid endarterectomy procedure is incorrect.

Newton-Wellesley Hospital

Newton-Wellesley Hospital, as all Partners HealthCare member hospitals, is committed to excellence in patient quality, safety and satisfaction. We are supportive of continued efforts to develop and provide meaningful hospital quality information to the public. Visitors to this site, however, are advised to consider the following comments before drawing conclusions on the relative quality and cost of care among hospitals and physicians.

1. Volume is not by itself an indicator of quality. It is strongly recommended that this information be used in conjunction with other sources of information and most importantly in discussions with your own physician. Some physicians practice at multiple sites, some of which may or may not be included in this website, that nevertheless contributes to that physician's experience in performing the procedures.
2. Cost comparisons among hospitals, on this site, are difficult to compare. Certain factors affecting the average cost of care are not adjusted. These factors include the different levels of expenditure to train physicians and other health professionals, outreach to the community, care to indigent patients and the severity/complexity of the patients that are treated.
3. The methodology used to define procedures, State ICD-9 CM codes, are different from clinical views and expert external measurements. We recommend the state adopt the Leapfrog definition to define the procedures. This would provide consistent data to the consumer for comparison. In addition, the use of the reported administrative data to identify the 'operating physician' may on occasion be misleading if the attending physician is always reported as the physician performing the procedure.

We encourage evaluating other factors (physician recommendation, past experience, word-of-mouth from friends and family) in addition to the growing sources of quality data when selecting a hospital for care. To

learn more about NWH (or other Partners hospitals) and our services, please visit www.nwh.org or www.partners.org.

Northeast Hospital Corp. - Beverly and Addison Gilbert Hospitals

Northeast Hospitals supports the efforts of CMS and other organizations to share information on hospital performance with the public. The public should be informed that this data represents only a portion of the quality information for FY05 for our hospitals.

The ratings for Northeast Hospitals for the Joint Commission and CMS quality indicators show that we are on the leading edge for quality – exceeding both state and national compliance rates. We have also been selected as one of the nation's 100 Top Hospitals by the Solucient Institute for the fourth time in six years. Our recent hospital wide survey by the nation's leading health care accrediting agency - Joint Commission on Accreditation of Healthcare Organizations - yielded a Gold Seal of Approval.

Our commitment to continuously evaluate and improve the quality and safety of our care includes our enrollment in all of the national initiatives of the Institute for Healthcare Improvement Saving 100,000 Lives Campaign. The mission of Northeast Hospitals is to reach for excellence in our service to our community, patients, families, physicians and employees every day.

Winchester Hospital

We are very concerned with the state's exclusive reliance on procedural volume as the sole measure for a surgeon's capabilities or quality. Consumers visiting the State's web site are encouraged to make that inference even though it may be inaccurate. A surgeon with a lower procedure volume may have substantially better outcomes than one with more cases, but the data set does not allow a consumer to differentiate on true quality.

By reporting on volume alone, the data creates an unfair and not necessarily beneficial bias towards larger referral hospitals where specialized physicians may be able to focus more on a specific procedure than practiced by general surgeons at community-based settings. In some cases that may mean they have higher quality and better outcomes, but the relationship between volume and quality in a particular case is not as certain as the state's database suggests. This is especially problematic when an attending surgeon who does all of his cases himself in a community setting is compared to the attending surgeon in a teaching hospital whose cases may be predominately performed by residents under his supervision.

Just as with hospital statistics, a one year snapshot of physician volume does not measure a surgeon's true experience with a particular case. A new surgeon who performs 40 procedures in one year is not more experienced in that procedure than a surgeon who has been doing 20 cases a year for the last 10 years.